UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

PROCESSED MAR 26 2009

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TEMPORARY

FORM D

1269190 OMB Number: 3235-0076 Expires: Ma Estimated average burden March 15, 2009 Mail Processin,] Baction: ភភភ ៖ 0 **វបីប**ន

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Madring Will, DC

| Name of Offering (check if this is an amendment and name has changed, and Units of Limited Partnership Interest of Citigroup Emerging CTA Portfoli | - |) | |
|--|------------------|---|--------------------|
| Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 Type of Filing: ☐ New Filing ☐ Amendment | ⊠ Rule 50 | 6 Section 4(| 6) ULOE |
| A. BASIC IDENTIFICA | TION DATA | | |
| Enter the information requested about the issuer | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicitigroup Emerging CTA Portfolio L.P. | cate change.) | | |
| Address of Executive Offices (Number and Street, City, Stacko Citigroup Managed Futures LLC, 55 East 59 th Street, 10 th Fl., New Yo 10022 | | Telephone Number (Ind (212) 559-2011 | cluding Area Code) |
| Address of Principal Business Operations (Number and Street, City, Statistical Grant Form Executive Offices) | te, Zip Code) | Telephone Number (Inc. | Pluding Area Code) |
| Brief Description of Business Private investment limited partnership | | | |
| Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed | ner (please spec | ify): | 09035790 |
| Month Year | | | |
| Actual or Estimated Date of Incorporation or Organization: 7 03 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Second CN for Canada; FN for foreign | | Estimated on for State: | |

GENERAL INSTRUCTIONS

Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239,500) and otherwise comply with all the requirements of § 230,503T. Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 1 of 9

| A BASIC IDENTIFICATION DATA | Δ | RASIC | IDEN | CIFICA' | TION | DATA |
|-----------------------------|---|-------|------|---------|------|------|
|-----------------------------|---|-------|------|---------|------|------|

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;

| the issuer; | | | | | |
|--|----------------------------------|--|----------------------------|--|---|
| · Each executive off | cer and director | of corporate issuers and | of corporate general and r | managing partne | ers of partnership issuers; and |
| · Each general and n | nanaging partner | r of partnership issuers. | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Citigroup Managed Futur | es LLC (the "(| General Partner") | | | |
| Business or Residence Addr 55 East 59th Street, 10th Fl., | • | | Code) | ······································ | |
| Check Box(es) that Apply: *(of the General Partner) | Promoter | Beneficial Owner | ☐ Executive Officer | *Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | · | | | |
| Nolte, Raymond | | | | | |
| Business or Residence Address 55 East 59th Street, 10th Fl., | | | Code) | | |
| Check Box(es) that Apply: *(of the General Partner) | Promoter | Beneficial Owner | ➤ *Executive Officer | ★Director | General and/or Managing Partner |
| Full Name (Last name first, Rakowsky, Ihor G. | if individual) | | · | | |
| Business or Residence Address 55 East 59th Street, 10th Fl., | | | Code) | | *************************************** |
| Check Box(es) that Apply: *(of the General Partner) | Promoter | Beneficial Owner | ☐ Executive Officer | ★Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Dewbrey, Daryl | | | | | |
| Business or Residence Address 55 East 59th Street, 10th Fl., | | | Code) | | |
| Check Box(es) that Apply: *(of the General Partner) | Promoter | Beneficial Owner | ★Executive Officer | ★Director | General and/or Managing Partner |
| Full Name (Last name first, Ullman, Shelley | f individual) | | | | |
| Business or Residence Address 55 East 59th Street, 10th FL, | ess (Number and New York, New | d Street, City, State, Zip 6 v York 10022 | Code) | | |
| Check Box(es) that Apply: *(of the General Partner) | Promoter | Beneficial Owner | ☐ Executive Officer | ★Director | General and/or Managing Partner |
| Full Name (Last name first, Ciampi, Steven | f individual) | | | | |
| Business or Residence Address 55 East 59th Street, 10th Fl., | | | Code) | | |
| Check Box(es) that Apply: *(of the General Partner) | Promoter | ☐ Beneficial Owner | ➤ *Executive Officer | ★Director | General and/or Managing Partner |
| Full Name (Last name first, Magro, Jennifer | f individual) | | | | |
| Business or Residence Address 55 East 59th Street, 10th Fl., | | | Code) | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | A. BASIC I | DENTIFICATION DAT | Α | |
|--|-------------------|----------------------------|------------------------------|--------------------|--|
| 2. Enter the information rec | quested for the | following: | | | |
| · Each promoter of the | ne issuer, if the | issuer has been organized | d within the past five years | s; | |
| Each beneficial ow the issuer; | ner having the | power to vote or dispose | , or direct the vote or disp | osition, of, 10% | or more of a class of equity securities of |
| · Each executive offi | cer and director | r of corporate issuers and | of corporate general and i | managing partne | ers of partnership issuers; and |
| Each general and m | anaging partne | r of partnership issuers. | | | |
| Check Box(es) that Apply: *(of the General Partner) | Promoter | Beneficial Owner | ★Executive Officer | ⊠ *Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Pascucci, Jerry | | 10. 0. 0. 0. | <u> </u> | | |
| Business or Residence Address 55 East 59 th Street, 10 th Fl., | • | • • • • • • • | Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ess (Number an | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ess (Number an | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ess (Number an | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ess (Number an | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | | | |
| Business or Residence Addre | ss (Number an | d Street, City, State, Zip | Code) | | |
| | (Use bl | ank sheet, or copy and us | e additional copies of this | sheet, as necess | ary.) |

| | | | | | E | . INFOR | MATION | ABOUT | OFFERIN | NG | | | | | | _ |
|-------------------------|---|--|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|--------------------------------|--------------------------|----------|-------------|----|
| 1. | Has the issu | er sold, or | does the is | suer intend | to sell, to | non-accre | dited inve | stors in thi | s offering? |) | | | | | | |
| | | | | Ancwe | r also in A | nnendiy (| Column 2 | if filing ur | der III OF | ? | | | | L | | 1 |
| 2. | What is the | minimum i | investment | | | | | = | | | | | | \$ | 100,000 | |
| 3. | Does the of | | | | • | _ | | | | | | | | | | O |
| | | | | | | | | | | | | | | l | |] |
| 4. | Enter the in- remuneration person or a than five (5 dealer only | on for solici gent of a bi) persons t | itation of p roker or de | ourchasers aler regist | in connectered with | tion with s the SEC a | sales of second/or with | curities in a state or | the offerin states, list | g. If a pe the name | erson to be of the bro | listed is a ker or dea | n associat ler. If mo | ed re | | |
| | Name (Last group Globa | | | | | , | | , | | | | | | | | _ |
| | iness or Resi Greenwich S | | | | eet, City, S | State, Zip (| Code) | · | | | | | | | | |
| | ne of Associa GM may pay | | | nodity brol | kerage fees | s to its qua | lified regis | tered repr | esentatives | who prov | ide ongoir | ng services | to investo | rs.) | | |
| | es in Which | | | • | | <u> </u> | | | | • | | ··· | | | | - |
| | (Chaol | c "All State | s" or abaal | e individue | al Ctatac) | | | | | | | | | | ☐ All State | ·e |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | | All state | 3 |
| | (IL) [MT] [RI] | [IN] [NE] [SC] | [IA] [NV] [SD] | [KS] [NH] [TN] | [KY] [NJ] [TX] | [LA] [NM] [UT] | [ME] [NY] [VT] | [MD] [NC] [VA] | [MA] [ND] [WA] | [MI] [OH] [WV] | [MN] [OK] [WI] | [MS] [OR] [WY] | [MO] [PA] [PR] | vn | | |
| Full | Name (Last | | | | [17] | [01] | [,,] | [171] | [[[] | [,,,,] | | [,,,] | [, ,,] | | | - |
| Bus | iness or Resi | dence Addı | ress (Numb | per and Str | eet, City, S | State, Zip (| Code) | | | | | | | | | _ |
| Nan | ne of Associa | nted Broker | or Dealer | | | | | | | | | | | | | _ |
| Stat | es in Which | Person List | ed Has Soi | icited or I | ntends to S | Solicit Purc | chasers | | | | | | | | | |
| | (Check "Al | l States" or | check indi | vidual Sta | tes) | | | | •••••• | | | | ••••• | | All State | S |
| [Al [IL [M [RI |] [IN] [] [NE] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | (FL) (MI) (OH) (WV) | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] [| VI] | | | |
| Full | Name (Last | name first, | if individu | ial) | | | | | | | | | | | | |
| Bus | iness or Resi | dence Addi | ress (Numb | er and Str | eet, City, S | State, Zip (| Code) | | | | | ·· · | | | | |
| Nan | ne of Associa | nted Broker | or Dealer | | | | | | | | | | | | | _ |
| Stat | es in Which | Person List | ed Has Sol | icited or la | ntends to S | Solicit Purc | chasers | | | | | | | | | _ |
| | (Check "Al | l States" or | check indi | vidual Sta | tes) | | | | | | | • | •••• | | All State | S |
| [AI [IL] [M] |] [IN] [] [NE] | [AZ] [IA] [NV] | [AR] [KS] [NH] | [CA] [KY] [NJ] | [CO] [LA] [NM] | [CT] [ME] [NY] | [DE] [MD] [NC] | [DC] [MA] [ND] | [FL] [MI] [OH] | [GA] [MN] [OK] | [HI] [MS] [OR] | [ID] [MO] [PA] | Vii | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|--|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | . \$ |
| | Equity | \$ | |
| | ☐ Common ☐ Preferred | \$ | |
| | Convertible Securities (including warrants) options | \$ | \$ |
| | Limited Partnership Interests | \$ 100,000,000 | \$225,114,000 |
| | | <u> 100,000,000</u> | \$225,11-1,000 |
| | Other (Specify) | \$ | \$ |
| | Total | \$ 100,000,000 | \$225,114,000 |
| | Answer also in Appendix, Column 3, if filing Under ULOE | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings Under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 1727 | \$225,114,000 |
| | Non-accredited Investors | 0 | \$0 |
| | Total (for filings Under Rule 504 only) | | |
| | Answer also in Appendix, Column 4 if filing under ULOE | | |
| 3. | If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of offering | Type of | Dollar Amount |
| | .,,, | Security | Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | ⊠ | \$25,000 |
| | Accounting Fees | ⊠ | \$25,000 |
| | Engineering Fees | | \$ |
| | Sales Commissions (Specify finder's fees separately) | | \$ |
| | Other Expenses (identify) | | \$ |
| | Total | ⊠ | \$50,000 |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | C. OFFERING PRICE, NUMBER OF INV | ESTORS, EAFENSE | S THILD COL | | | |
|--------|--|--|----------------|---|------------------|---------------------|
| | b. Enter the difference between the aggregate offering pr to Part C - Question 1 and total expenses furnished in Question 4.a. This difference is the "adjusted gross proce | ice given in response response to Part C - eds to the issuer." | | | \$ <u>99,9</u> : | 50,000 |
| 5. | Indicate below the amount of the adjusted gross proceeds proposed to be used for each of the purposes shown. It purpose is not known, furnish and estimate and check the estimate. The total of the payments listed must equa proceeds to the issuer set forth in response to Part C - Que | f the amount for any box to the left of the 1 the adjusted gross | Ófi Direc | nents to icers, ctors, & iliates | | yments To Others |
| | Salaries and fees | | S | | □ \$_ | |
| | Purchase of real estate | | □ \$ | | □ \$_ | |
| | Purchase, rental or leasing and installation of machinery a | • • | | | | |
| | Construction or leading of plant buildings and facilities | | □ \$ | | □ ⊅ | |
| | Acquisition of other businesses (including the value of involved in this offering that may be used in exchange for of securities of another issuer pursuant to a merger) | or the assets | □ \$ | | □ \$_ | |
| | Repayment of indebtedness | | □ \$ | | □ \$ | |
| | Working capital | | \$ | | □ \$_ | |
| | Other (specify) <u>Investment Capital</u> | | \$ | | ፟ \$ | 99,950,000 |
| | Column Totals | | S | | ⊠ \$ | 99,950,000 |
| | Total Payments Listed (column totals added) | *************************************** | | ⋈ \$ 99,9 | 950,00 <u>0</u> | |
| | D. FEDERA | AL SIGNATURE | | | | |
| follov | ssuer has duly caused this notice to be signed by the underst ving signature constitutes an undertaking by the issuer to f st of its staff, the information furnished by the issuer to any n | urnish to the U.S. Sec | curities and I | Exchange Con paragraph (b)(2 | nmission, | upon written |
| | (Print or Type) S roup Emerging CTA Portfolio L.P. | ignature Was | W | Date 3 9 | 109 | |
| | | itle of Signer (Print or Director of Citigroup | | utumas II.C | the Cone | unal Damtman |



ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).